APPLICATION TO CONSTRUCT DRIVEWAY/ACCESS ALONG COUNTY TRUNK HIGHWAYS

Return Mailing Address

Applica	ant Name:	Telephone:
Addres	ss: City, State, Zip Co	ode:
	Applied For Drive	way Location Address
Highwa	ay: Township:	If same as above location check here:
Fire or	Parcel Number of the property for the proposed driveway	location:
	Type of Drivewa	y Being Applied For
Check	(as appropriate): Residential Single Family Multi-Family (<20 units) Multi-Family (>20 units)	OT Agricultural Use Only
	<u>Drivewo</u>	ay Location
Located	d on (check one): North South	East West – Side of Highway
Distanc	ce from driveway to nearest intersecting road:	, from es Direction Name of Intersecting Road
		es Direction Name of Intersecting Road Completion Date:
	<u>Terms an</u>	d Conditions
♦	If the Driveway described is not completed by the "Completion not be constructed unless authorized through subsequent perm	n Date" specified, the permit will be null and void and the driveway shall nit.
\Diamond	Applicant must notify the Jefferson County Highway Department upon the completion of the project for final inspection. Failure to do so may result in permit revocation.	
◊	♦ The driveway shall be constructed in accordance with all terms listed in the Jefferson County Highway Department "Driveway Installation Requirements", printed on the reverse side, and hereby incorporated into this permit application by reference, and any special conditions stated. The maintenance of the driveway shall be the responsibility of the applicant.	
\Diamond	♦ Issuance of the permit shall not be construed as a waiver of the applicant's obligation to comply with any more restrictive requirements imposed by local ordinances.	
\Diamond	The portion of the driveway within the Right-of-Way may be constructed from either crushed aggregate, or blacktop. Concrete may be used for driveway purposes behind curbing only.	
◊	Applicant agrees to all terms and conditions presented by Jefferson County as part of this permit application and subsequent permit, when issued.	
Applic	ants Signature:	Date:
Permit	Fees: Paid by	y: Cash Check No.